

everywhere else in the body and that a large percentage of congenital cardiac conditions are due to this cause and lead subsequently to arteriosclerosis. In the present case a few spirochetæ were found in the heart muscle, and many in the kidney, so that with the evidences of syphilitic processes in other parts of the body the cardiac findings can be interpreted as congenital syphilitic disease.

OBSTETRICS

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Icterus in the Newborn as an Infectious Disease.—PFÄLTZER (*Ztschr. f. Geburtsh. u. Gynäk.*, 1915, Band lxxvi, Heft 3) reviews the reports of cases by Schmorl, Beneke, and Esch, and adds a case under his observation in the clinic at Halle. The child was the fourth of a healthy mother, whose second child was stillborn, the two others living and vigorous. There was nothing abnormal about the pregnancy, labor was spontaneous, the child was born living and cried vigorously. The effort was made to have the child nurse, and as the mother's supply was insufficient the bottle was given, but was not well taken. The child was finally fed with a spoon. On the second day after birth well-marked icterus developed. The child was apathetic and moved but little, the temperature rose at evening to 103°, and at the end of the night the child died. At autopsy, the color of the skin was both icteric and cyanotic. The toes and fingers were drawn in convulsively. The stump of umbilical cord was dry, but the tissues about the umbilicus were infiltrated. Both legs were slightly edematous. There was ecchymosis of the conjunctiva. The ears, nose and mouth showed nothing abnormal. The abdomen was soft and not especially large. The fatty tissue was not in excess, the muscular tissue dry, pale, and icteric. In the region of the umbilicus on the inner aspect there was edema; no suppuration was present, and the vein and arteries were normal. The situation of the abdominal organs was normal, and in the region of the head and face there was bleeding into the substance of both temporal muscles. In the longitudinal sinus there was dark fluid blood but none beneath the dura. At the base of the brain there was a peculiar grayish-yellow color, which became deeper in some portions. There was no especially jaundiced color in the convolution of the brain or the medulla, but some other portions were markedly jaundiced. This was especially true in the region of the optic thalamus. The same was true of the medulla oblongata. The hypophysis in its nerve fibers was a deep yellow in color. In the pericardium there was bile-stained fluid. About the tongue the tissues were jaundiced, and there were patches of necrosis on the tongue, esophagus and larynx, deeply colored. The yellow exudate simulated somewhat a diphtheritic

membrane. The spleen was much enlarged, dry and dark red. The stomach was dilated and contained colorless mucus. The mucous membrane of the stomach was dark red and showed small portions stained deep yellow. This was also true in the duodenum. The mucous membrane of the bowel was somewhat thickened and dry, the liver not markedly jaundiced, the gall-bladder full of bile, the suprarenal bodies very large and grayish in color, the kidneys full of uric acid infarcts, and the urinary bladder stained a deep yellow. There was nothing of especial interest in the muscles. Microscopic examination of portions of the brain and nervous system showed the intense yellow staining of nuclei, which has given to this disease the name of nuclear jaundice, or in German, "kern icterus." Bacteriological examination of the blood was negative, although crystals of bilirubin were present. Bacilli-like staphylococci were found in great abundance in mucus taken from the esophagus. Blood from the heart, spleen and also the bile, was sterile. From the liver was obtained the *Bacillus coli communis*, and this germ was found in the region of the umbilicus, and also in some of the muscles. In searching for the point at which the infection gained entrance to the body, the esophagus was thought to be the point of infection. The diagnosis of nuclear jaundice, or kern icterus, with diffuse myositis resulting from infection by the *B. coli communis*, and staphylococci, was made. The three points of clinical interest which seem to go together, are the presence of the *B. coli communis*, multiple lesions in the muscles, and the changes in the nuclei in the tissues of the nervous system. As regards diagnosis during life, one must observe the presence of jaundice, and when to this is added convulsions or convulsive movements of the muscles, if the patient be an infant, the diagnosis may be provisionally made.

Fibroids of the Uterus and Twin Pregnancy.—MONTUORO (*Ztschr. f. Geburtsh. u. Gynäk.*, 1915, Band lxxvi, Heft 3) reports the case of a multipara in the third month of pregnancy with interstitial fibroids in the uterus. It was determined not to interfere, with the hope that in some way spontaneous birth might occur. Two weeks after the patient was first seen, at the middle of the third month she had severe pain and hemorrhage, and an abortion with twin ova. Two months later hysterectomy was performed. The writer also reports the case of a multipara, aged forty-two years, who suffered from metrorrhagia and menorrhagia, for which a curetting and amputation of the stump was done. It was found that the patient had in addition a fibroid tumor of the uterus. Some years afterward she became pregnant and the fibroid tumor had considerably increased in size. A physician who was consulted attempted to produce abortion, which resulted in profuse hemorrhage which threatened the patient's life. From this she gradually recovered, and afterward became again pregnant with twins. This pregnancy terminated in sudden abortion at about the third month. After this second abortion the fibroid growth increased enormously in size, and hysterectomy was performed. The patient made a tedious recovery from the operation, having had a thrombus in a vessel in the left lower extremity. The third case reported was that of a primipara, aged thirty-one years, married five months, and pregnant about three months. She had suffered much from abdominal pain, with edema of the lower extremities and interference with the functions of